

Medical Disease Questionnaire

Use with the Formaldehyd Rule, Chapter 296-856 WAC

IDENTIFICATION

- Business name:
- Date:
- Employee name:
- Identification code:
- Job title:
- Birth date:
- Age:
- Gender:
- Height:
- Weight:



Medical Disease Questionnaire

Use with the Formaldehyde Rule, Chapter 296-856 WAC

MEDICAL HISTORY

- Have you ever been admitted to the hospital as a patient?
Yes No
If yes, what kind of problem were you having?
- Have you ever had any kind of operation?
Yes No
If yes, what kind?
- Do you take any kind of medicine regularly?
Yes No
If yes, what kind?
- Are you allergic to any drugs, foods, or chemicals?
Yes No
If yes, what kind of allergy is it?
What causes the allergy?
- Have you ever been told that you have asthma, hay fever, or sinusitis?
Yes No
- Have you ever been told that you have emphysema, bronchitis, or any other respiratory problems?
Yes No
- Have you ever been told you had hepatitis?
Yes No
- Have you ever been told that you have cirrhosis?
Yes No
- Have you ever been told that you had cancer?
Yes No
- Have you ever had arthritis or joint pain?
Yes No
- Have you ever been told that you had high blood pressure?
Yes No
- Have you ever had a heart attack or heart trouble?
Yes No



Medical Disease Questionnaire

Use with the Formaldehyde Rule, Chapter 296-856 WAC

MEDICAL HISTORY UPDATE

- Have you been admitted to the hospital as a patient any time within the past year?
Yes No
 - If so, for what condition?
- Have you been under the care of a physician during the past year?
Yes No
 - If so, for what condition?
- Is there any change in your breathing since last year?
Yes No
 - If a change, is it:
 - Better?
 - Worse?
 - Do you know why?
- Is your general health different this year from last year?
Yes No
 - If different, in what way?
- Have you in the past year, or are you now taking any medication on a regular basis?
Yes No
 - If yes:
 - Medication name
 - Condition being treated



Medical Disease Questionnaire

Use with the Formaldehyde Rule, Chapter 296-856 WAC

OCCUPATIONAL HISTORY

- How long have you worked for your present employer?
- What jobs have you held with this employer? Include job title and length of time in each job.
- In each of these jobs, how many hours a day were you exposed to chemicals?
- What chemicals have you worked with most of the time?
- Have you ever noticed any type of skin rash you feel was related to your work?
Yes No
- Have you ever noticed that any kind of chemical makes you cough?
Yes No
 - Wheeze?
Yes No
 - Become short of breath or cause your chest to become tight?
Yes No
- Are you exposed to any dust or chemicals at home?
Yes No
 - If yes, explain.
- In other jobs, have you ever had exposure to:
 - Wood dust?
Yes No
 - Nickel or chromium?
Yes No
 - Silica (foundry, sand blasting)?
Yes No
 - Arsenic or asbestos?
Yes No
 - Organic solvents?
Yes No
 - Urethane foams?
Yes No



Medical Disease Questionnaire

Use with the Formaldehyd Rule, Chapter 296-856 WAC

OCCUPATIONAL HISTORY UPDATE

- Are you working on the same job this year as you were last year?
Yes No
 - If not, how has your job changed?
- What chemicals are you exposed to on your job?
- How many hours a day are you exposed to chemicals?
- Have you noticed any skin rash within the past year you feel was related to your work?
Yes No
 - If so, explain circumstances:
- Have you noticed that any chemical makes you cough, be short of breath, or wheeze?
Yes No
 - If so, can you identify it?



Medical Disease Questionnaire

Use with the Formaldehyde Rule, Chapter 296-856 WAC

MISCELLANEOUS

- Do you smoke?
Yes No
 - If so, how much and for how long?
 - Pipe
 - Cigars
 - Cigarettes
- Do you drink alcohol in any form?
Yes No
 - If so, how much, how long, and how often?
- Do you wear glasses or contact lenses?
Yes No
- Do you get any physical exercise other than that required to do your job?
Yes No
 - If so, explain:
- Do you have any hobbies or “side jobs” that require you to use chemicals, such as furniture stripping, sand blasting, insulation or manufacture of urethane foam, furniture, etc.?
Yes No
 - If so, please describe, giving type of business or hobby, chemicals used and length of exposures.



Medical Disease Questionnaire

Use with the Formaldehyde Rule, Chapter 296-856 WAC

SYMPTOMS QUESTIONNAIRE

- Do you ever have any shortness of breath?
Yes No
 - If yes, do you have to rest after climbing several flights of stairs?
Yes No
 - If yes, if you walk on the level with people your own age, do you walk slower than they do?
Yes No
 - If yes, if you walk slower than a normal pace, do you have to limit the distance that you walk?
Yes No
 - If yes, do you have to stop and rest while bathing or dressing?
Yes No
- Do you cough as much as three months out of the year?
Yes No
 - If yes, have you had this cough for more than two years?
Yes No
 - If yes, do you ever cough anything up from the chest?
Yes No
- Do you ever have a feeling of smothering, unable to take a deep breath, or tightness in your chest?
Yes No
 - If yes, do you notice that this occurs on any particular day of the week?
Yes No
 - If yes, what day of the week?
 - If yes, do you notice that this occurs at any particular place?
Yes No
 - If yes, do you notice that this is worse after you have returned to work after being off for several days?
Yes No



Medical Disease Questionnaire

Use with the Formaldehyde Rule, Chapter 296-856 WAC

SYMPTOMS QUESTIONNAIRE (CONTINUED)

- Have you ever noticed any wheezing in your chest?
Yes No
 - If yes, is this only with colds or other infections?
Yes No
 - Is this caused by exposure to any kind of dust or other material?
Yes No
 - If yes, what kind?
- Have you noticed any burning, tearing, or redness of your eyes when you are at work?
Yes No
 - If so, explain circumstances:
- Have you noticed any sore or burning throat or itchy or burning nose when you are at work?
Yes No
 - If so, explain circumstances:
- Have you noticed any stuffiness or dryness of your nose?
Yes No
- Do you ever have swelling of the eyelids or face?
Yes No
- Have you ever been jaundiced?
Yes No
 - If yes, was this accompanied by any pain?
Yes No
- Have you ever had a tendency to bruise easily or bleed excessively?
Yes No
- Do you have frequent headaches that are not relieved by aspirin or tylenol?
Yes No
 - If yes, do they occur at any particular time of the day or week?
Yes No
 - If yes, when do they occur?



Medical Disease Questionnaire

Use with the Formaldehyde Rule, Chapter 296-856 WAC

SYMPTOMS QUESTIONNAIRE (CONTINUED)

- Do you have frequent episodes of nervousness or irritability?
Yes No
- Do you tend to have trouble concentrating or remembering?
Yes No
- Do you ever feel dizzy, light-headed, excessively drowsy, or like you have been drugged?
Yes No
- Does your vision ever become blurred?
Yes No
- Do you have numbness or tingling of the hands or feet or other parts of your body?
Yes No
- Have you ever had chronic weakness or fatigue?
Yes No
- Have you every had any swelling of your feet or ankles to the point where you could not wear your shoes?
Yes No
- Are you bothered by heartburn or indigestion?
Yes No
- Do you ever have itching, dryness, or peeling and scaling of the hands?
Yes No
- Do you ever have a burning sensation in the hands, or reddening of the skin?
Yes No
- Do you ever have cracking or bleeding of the skin on your hands?
Yes No



Medical Disease Questionnaire

Use with the Formaldehyde Rule, Chapter 296-856 WAC

SYMPTOMS QUESTIONNAIRE (CONTINUED)

- Are you under a physician's care?
Yes No
 - If yes, for what are you being treated?
- Do you have any physical complaints today?
Yes No
If yes, explain:
- Do you have other health conditions not covered by these questions?
Yes No
 - If yes, explain:

